

compliance with this Act (and the amendments made by this Act).

(C) **GOVERNMENT ACCOUNTABILITY OFFICE STUDY.**—

(1) **STUDY.**—The Comptroller General shall conduct a study that evaluates the effect of the implementation of the amendments made by this Act on the cost of health insurance coverage, access to health insurance coverage (including the availability of in-network providers), the quality of health care, the impact on benefits and coverage for mental health and substance use disorders, the impact of any additional cost or savings to the plan, the impact on out-of-network coverage for mental health benefits (including substance use disorder treatment), the impact on State mental health benefit mandate laws, other impact on the business community and the Federal Government, and other issues as determined appropriate by the Comptroller General.

(2) **REPORT.**—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall prepare and submit to the appropriate committees of Congress a report containing the results of the study conducted under paragraph (1).

(d) **REGULATIONS.**—Not later than 1 year after the date of enactment of this Act, the Secretary of Labor and the Secretary of Health and Human Services shall jointly promulgate final regulations to carry out this Act.

SEC. 5. ASSET VERIFICATION THROUGH ACCESS TO INFORMATION HELD BY FINANCIAL INSTITUTIONS.

(a) **ADDITION OF AUTHORITY.**—Title XIX of the Social Security Act is amended by inserting after section 1939 the following new section:

“**ASSET VERIFICATION THROUGH ACCESS TO INFORMATION HELD BY FINANCIAL INSTITUTIONS**

“**SEC. 1940. (a) IN GENERAL.**—Subject to the provisions of this section, each State shall implement an asset verification program described in subsection (b), for purposes of determining or redetermining the eligibility of an individual for medical assistance under the State plan under this title.

“(b) **ASSET VERIFICATION PROGRAM.**—

“(1) **IN GENERAL.**—For purposes of this section, an asset verification program means a program described in paragraph (2) under which—

“(A) a State requires each applicant for, or recipient of, medical assistance under the State plan under this title to provide authorization by such applicant or recipient (and any other person whose income or resources are material to the determination of the eligibility of the applicant or recipient for such assistance) for the State to obtain (subject to the cost reimbursement requirements of section 1115(a) of the Right to Financial Privacy Act) from any financial institution (within the meaning of section 1101(1) of such Act) any financial record (within the meaning of section 1101(2) of such Act) held by the institution with respect to the applicant or recipient (and such other person, as applicable), whenever the State determines the record is needed in connection with a determination with respect to such eligibility for (or the amount or extent of) such medical assistance;

“(B) each such applicant or recipient (or other person) shall provide such authorization directly to the financial institution involved as a condition of eligibility for such medical assistance; and

“(C) the State uses such authorization to verify the financial resources of such applicant or recipient (and such other person, as applicable), in order to determine or redetermine the eligibility of such applicant or recipient for medical assistance under the State plan.

“(2) **PROGRAM DESCRIBED.**—A program described in this paragraph is a program for verifying individual assets in a manner consistent with the approach used by the Commissioner of Social Security under section 1631(e)(1)(B)(ii).

“(c) **DURATION OF AUTHORIZATION.**—An authorization provided to a State under subsection (b)(1) shall remain effective until the earliest of—

“(1) the rendering of a final adverse decision on the applicant's application for medical assistance under the State's plan under this title;

“(2) the cessation of the recipient's eligibility for such medical assistance; or

“(3) the express revocation by the applicant or recipient (or such other person described in subsection (b)(1), as applicable) of the authorization, in a written notification to the State.

“(d) **REQUIRED DISCLOSURE.**—The State shall inform any person who provides authorization pursuant to subsection (b)(1) of the duration and scope of the authorization.

“(e) **REFUSAL OR REVOCATION OF AUTHORIZATION.**—If an applicant for, or recipient of, medical assistance under the State plan under this title (or such other person described in subsection (b)(1), as applicable) refuses to provide, or revokes, any authorization made by the applicant or recipient (or such other person, as applicable) under subsection (a)(1)(B) for the State to obtain from any financial institution any financial record, the State may, on that basis, determine that the applicant or recipient is ineligible for medical assistance.

“(f) **USE OF CONTRACTOR.**—For purposes of implementing an asset verification program under this section, a State may select and enter into a contract with a public or private entity meeting such criteria and qualifications as the State determines appropriate.

“(g) **TECHNICAL ASSISTANCE.**—The Secretary shall provide States with technical assistance to aid in implementation of an asset verification program under this section.

“(h) **REPORTS.**—A State implementing an asset verification program under this section shall furnish to the Secretary such reports concerning the program, at such times, in such format, and containing such information as the Secretary determines appropriate.”

(b) **STATE PLAN REQUIREMENTS.**—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(1) in paragraph (69) by striking “and” at the end;

(2) in paragraph (70) by striking the period at the end and inserting “; and”; and

(3) by inserting after paragraph (70), as so amended, the following new paragraph:

“(71) provide that the State will implement an asset verification program under such section.”

(c) **WITHHOLDING OF FEDERAL MATCHING PAYMENTS FOR NONCOMPLIANT STATES.**—Section 1903(i) (42 U.S.C. 1396b(i)) is amended—

(1) in paragraph (21) by striking “or” at the end;

(2) in paragraph (22) by striking the period at the end and inserting “; or”; and

(3) by adding after paragraph (22) the following new paragraph:

“(23) if a State is required to implement an asset verification program under section 1940 and fails to comply with the requirements of such section, with respect to amounts expended by such State for medical assistance for individuals subject to asset verification under such section.”

(d) **REPEAL.**—Section 4 of Public Law 110–90 is repealed.

(e) **ADJUSTMENT TO PAQI FUND.**—Section 1848(1)(2) of the Social Security Act (42 U.S.C.

1395w–4(1)(2)), as amended by section 101(a)(2) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–73), is amended—

(1) in subparagraph (A)(i)—

(A) in subclause (III), by striking “\$4,960,000,000” and inserting “\$4,360,000,000”; and

(B) by adding at the end the following new subclause:

“(IV) For expenditures during 2014, an amount equal to \$1,000,000,000.”;

(2) in subparagraph (A)(ii), by adding at the end the following new subclause:

“(IV) 2014.—The amount available for expenditures during 2014 shall only be available for an adjustment to the update of the conversion factor under subsection (d) for that year.”; and

(3) in subparagraph (B)—

(A) in clause (ii), by striking “and” at the end;

(B) in clause (iii), by striking the period at the end and inserting “; and”; and

(C) by adding at the end the following new clause:

“(iv) 2014 for payment with respect to physicians' services furnished during 2014.”.

Mr. KLINE of Minnesota (during the reading). Mr. Speaker, I ask unanimous consent to waive the reading of the amendment.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Minnesota?

There was no objection.

The SPEAKER pro tempore. The gentleman from Minnesota is recognized for 5 minutes.

Mr. KLINE of Minnesota. Mr. Speaker, I rise today to offer this motion to recommit on H.R. 1424 with instructions forthwith, to substitute the Kline amendment for the underlying bill.

Last night the Rules Committee issued its 50th closed rule of this Congress and did not allow consideration of the Wilson-Kline-Camp substitute amendment. This motion to recommit gives us the opportunity to pass a mental health parity bill that has both bipartisan and bicameral support, and it does so immediately, allowing the House to approve a real mental health parity bill this very night.

My motion is a viable, commonsense alternative that, contrary to H.R. 1424, achieves real parity in the treatment of employer-sponsored coverage for mental and behavioral illnesses. The motion to recommit substitutes H.R. 1424 with the version similar to the mental health parity legislation S. 558 that passed the U.S. Senate last year under unanimous consent.

During the markup of H.R. 1424 before the Committee on Education and Labor, I offered a version of the compromise Senate bill as an amendment, believing that if Congress intends to move forward with mental health parity legislation, this compromise language is the most sensible alternative and our best chance of enacting legislation on this issue this year.

Unlike H.R. 1424, this motion is a product of over 2 years of bipartisan negotiations between mental health advocates, health care providers, and business groups representing virtually all sides in this debate. The motion accomplishes what it sets out to do. It